Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10748965

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
(Column 1) (Column 2)						· 	TYPE [OR	SMALL	ENTITY		
TOTAL CLAIMS			37					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	7:70.00	
TOTAL CHARGEABLE CLAIMS			37 minus 20=		* 17	* 17		X\$ 9=		OR	X\$18=	306	
INDEPENDENT CLAIMS			多 minus 3 =		* 0	* 6		X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL		OR	TOTAL	1076	
CLAIMS AS AMENDED - PART II								OTHER THAN					
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR .	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* ENTATION OF MI	Minus	***	CL AIM	= .		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTAL		OR	TOTAL ADDIT, FEE		
		(Column 1)	,	ADDIT. FEE		,	AUDII, FEE						
		CLAIMS		(Colum	EST	(Column 3)	ו	- i	ADDI-	ı		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
IME	Independent	*	Minus	***		=		X43=		OR	X86=		
لــــا	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM			+145=	-	OR	+290=		
L								TOTAL		OB.	TOTAL	-	
ADDIT. FEE ADDIT. FEEL													
		(Column 1)		(Colum		(Column 3)				•			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	Γ	X43=		OR	X86=	·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3.										OR	+290= TOTAL		
** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE										OR A	ADDIT. FEE		
		nber Previously Paid					r foun	id in the app	ropriate box	in colu	umn 1.		